

MASSAGE THERAPY FACILITY LICENSE APPLICATION

Date: _____ License expires June 30, 200____

Full name and address of applicant - individual, partnership, or corporation: _____

Date of birth: _____

Location of proposed business: _____

Description of business operation and facility: _____

List names, addresses, and dates of birth of all officers, directors and stockholders, if applicant is a corporation:

List names, addresses, and dates of birth of all partners, including limited partners, if applicant is a partnership:

For all persons listed above, if less than one year at current address, please list previous addresses:

Business, occupation and employment history for past two years for all persons listed above: _____

Has the applicant or any person listed above ever been licensed to operate a massage therapy facility in this city or in another city or state? If so, give details as to when and where such license was issued: _____

Has any such license ever been suspended or revoked? If yes, give details: _____

Has the applicant or any person listed above ever been convicted of any crime in the past five years? If yes, give details:

FEE: \$75.00 (\$70.00 - 01.43410, \$5.00 - 01.44210)

RECEIPT # _____

Certificate of insurance filed _____

Applicant's Signature

Applicant must make an appointment with the Building Inspector for an inspection of the premises.

Date of inspection: _____

Copies to: Police, Fire, Inspection, Health - date: _____